

SUCCESS

APPLICATION

School Building/District Name: _____

County District Code: _____ - _____

SUCCESS Application for (Mark one): ___ Building ___ District

Individual Completing Narrative: _____

Work Address: _____

City/State: _____ Zip Code: _____

Work Phone: (____) _____ - _____ Fax: (____) _____ - _____

Individual completing Narrative E-mail: _____

Assurances:

The enclosed **SUCCESS** Narrative accurately reflects the current level of implementation of the Comprehensive Guidance Program in (**Insert name of Building or School District**). This document has been proofread for typographical and/or grammatical errors. Permission is hereby given to reproduce and post the **SUCCESS** Narrative on the Department of Elementary and Secondary Education/Guidance and Placement Section website.

Signatures:

Person in charge of District Comprehensive Guidance Program:

_____ Number of years experience in School Counseling- _____

Building Administrator(s):

(If this is a building application, one building administrator from the building needs to sign)

Name

Building

Signature

Superintendent/Board of Education Approval:

It is understood that the completion and submission of all of the documents for the **SUCCESS** Award by our building/district is voluntary and that they may be shared with those interested in Comprehensive Guidance programs in Missouri.

Name of Superintendent: _____

Superintendent Signature: _____ Date: _____

Name of Board Member: _____

Board Member Signature: _____ Date: _____

INSTRUCTIONS:

Please mail this **SUCCESS** application to:

John Robbins, Supervisor, Guidance and Placement Services

Division of Career Education, Department of Elementary and Secondary Education

205 Jefferson, PO Box 480 Jefferson City, MO 65102

NOTE: Deadline for receipt of all materials is June 30, 2010.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4212.